

USDA-FmHA
Form FmHA 1951-7
(Rev. 11-88)

REQUEST FOR CHANGE IN APPLICATION

TO: DIRECTOR, FINANCE OFFICE—Please change the application of the herein-described document as indicated.

| FROM | | | | | |
|----------------|-----------|----------|-------------------|-----------|------------------------|
| Case Number | | Name | | | |
| (2) | | (3) | | | |
| Effective Date | Fund Code | Loan No. | Remittance Amount | *Coding 1 | 2 For Finance Use Only |
| (4) | (5) | (6) | (7) | (8) | (9) |
| | | | | | |
| | | | | | |
| | | | | | |
| Proof Total → | | | (10) | | |

(1)
Date

*Coding Instructions
1 (Type of Payment)
R-Regular
U-Refund
G-Extra
F-Fee

2 (Final Payment Codes)
R-Refinance
S-Sale of Property
I-Income
O-Other

| TO | | | | | |
|----------------|-----------|----------|-------------------|-----------|------------------------|
| Case Number | | Name | | | |
| (11) | | (12) | | | |
| Effective Date | Fund Code | Loan No. | Remittance Amount | *Coding 1 | 2 For Finance Use Only |
| (13) | (14) | (15) | (16) | (17) | (18) |
| | | | | | |
| | | | | | |
| | | | | | |
| Proof Total → | | | (19) | | |

| Justification FmHA Instruction 1951-A |
|---|
| |
| (20) County Supervisor/District Director |
| (21) State/County |
| (22) State Director |

Position 2

FmHA 1951-7 (Rev. 11-88)

(see reverse)

PROCEDURE FOR PREPARATION

: FmHA Instruction 1951-A.

PREPARED BY

: County Supervisor, District Director.

NUMBER OF COPIES

: Original and one.

SIGNATURE REQUIRED

: County Supervisor, District Director or State Director when approved in State Office.

DISTRIBUTION OF COPIES

: County Office: Original to Finance Office, for changes approved in County Office or District Office. Original to State Office, for changes to be approved in State Office. Copy retained in County or District Office.

State Office: Original to Finance Office, for changes approved in State Office.

Used by County Supervisors and District Directors to request the Finance Office to make a change in the application of a payment, including payments applied to incorrect borrowers.

INSTRUCTIONS FOR COMPLETING CODING INFORMATION

- (1) Date form was prepared.
- (2) Borrower's Case Number to reverse payment.
- (3) Borrower's name to reverse payment.
- (4) Date of credit for payment to be reversed.
- (5) Fund code of loan of which originally applied.
- (6) Loan number to which originally applied.
- (7) Total amount of payment to be reversed as of the effective date shown in Item 4.
- (8) Method payment was applied, R-Regular, U-Refund, G-Extra, F-Fee.
- (9) Final Payment Code, R-Refinance, S-Sale of Property, I-Income, O-Other.
- (10) Total amount of payment(s) to be reversed as of the effective date shown in Item 4.
- (11) Borrower's Case Number to reapply payment.
- (12) Borrower's name to reapply payment.
- (13) Date of credit for payment to be reapplied.
- (14) Fund code for reapplication.
- (15) Loan number for reapplication.
- (16) Total amount of reapplication to be applied as of the effective date shown in Item 13.
- (17) Method reapplication is to be reapplied, R-Regular, U-Refund, G-Extra, F-Fee.
- (18) Final payment code to be reapplied, R-Refinance, S-Sale of Property, I-Income. O-Other.
- (19) Total amount of reapplications.
- (20) Signature of County Office or District Office official with authority and reason for reapplication.
- (21) State and County Office.
- (22) Signature of State Director when applicable.